

Healthy Practices, Inc.
1241 Quarry Lane, Ste 115A
Pleasanton, California 94566
925.417.7042

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HPI Price Sheet & Credit Card Authorization
Please print this form, fill out completely and fax to 925.417.7046.

Special Introductory Pricing

<input type="checkbox"/> HPI Business Website	<input type="checkbox"/> \$595 annual fee w/ set-up fee waived or <input type="checkbox"/> \$55/mo fee with \$95 set-up fee
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Associated Options

Community Calendar	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Upload Special Articles	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Dedicated Domain Name - new or transferred	<input type="checkbox"/> \$50 annual fee w/ \$20 set-up fee or <input type="checkbox"/> \$5/mo fee with \$25 set-up fee
Customized eNewsletters - HPI Monthly eNewsletter - Sign-Up Page - Email own newsletter 4x/mo	<input type="checkbox"/> \$140 annual fee w/ \$50 set-up fee or <input type="checkbox"/> \$15/mo fee with \$50 set-up fee

Google Ad Campaign

<input type="checkbox"/> \$99 - 1x set-up fee	Select 2 town names and 4 key words (ie Pleasanton Chiropractor – Dublin Chiropractic)			
List 2 Towns	1.			2.
List 4 Words	1.	2.	3.	4.
<input type="checkbox"/> \$49/mo (HPI/Google management fee)	<input type="checkbox"/> Additional Free: Includes Google "click to your website free (approx 50 cents per click that. You can limit clicks on per day basis (ie 6 clicks or \$3/day. List dollar amount limit you want in place			

Here is my check with **payment in full**: Amount \$_____ Mail check to: Healthy Practices, Inc.
1241 Quarry Lane Ste. 115A
Pleasanton, CA 94566

I want to use my credit card for **payment in full** or **monthly payments**. Indicate totals below:

Based upon menu items checked above, the undersigned authorizes *Healthy Practices™*, Inc. to charge the credit card specified below for services provided by *Healthy Practices™*, Inc. Agreement extends for one year from date website launches. The undersigned agrees to be responsible for any expenses incurred by *Healthy Practices™*, Inc. in the event that the undersigned fails to pay their credit card company for any or all fees. I also understand that there is a NO refund policy for these services.

I, _____, agree to pay the charges from *Healthy Practices™*, Inc. as detailed above. I am an authorized user of this credit card.

Indicate credit card being used: Visa Master Card American Express Discover

Card # _____-_____-_____-_____ Expiration Date ____ / ____ / ____

Card Holder Name

Credit Card Billing Address, City, State, Zip

Card Holder Signature

Date